2.2. LIFESTYLE SCORING SHEET

Complete the lifestyle scoring sheet by circling the appropriate score.

1. Sleep On the average, do you sleep	5. Physical activity Do you engage in physical activity such as brisk walks, swimming, tennis, hiking, bicycling, or similar	
7 - 8 hours per night 9 hours or more 6 hours or less	exercise: 1 Regularly 1/2 Once a wile Never	
2. Regularity of Breakfast	6. Alcoholic beverage	
Do you eat breakfast: : Regularly Sometimes Never	On the average, do you drink the equivalent of: No drinks per day 1 - 2 drinks per day or less More than 2 drinks per day	3/4 1 0
3. Eating between meals Do you eat between meals:	7. Smoking	
Never Sometimes Regularly	Never smoked Non-smoker, but smoked before Moderate smoker (cigar, pipe, or do not inhale cigarettes) Moderate smoker (inhales cigarettes)	1 3/4 1/2 1/4
	Chain smoker	0
4. Weight in relationship to Height Compared with your normal weight for your height, is your current weight within: 10%	1	
20% More than 20%	1/2 (b)	